

WISEMAN & BURKE INC
206 S. BRAND BLVD.
GLENDALE CA 91204
Tel: (818) 247-1007 Fax: (818) 247-1861

June 1, 1999

Paid

*# 1197
6/10/99
\$315.00*

KATHLEEN GOLD
11054 VENTURA BLVD.
STUDIO CITY, CA 91604

For Professional Services Rendered: \$315.00

1998 INDIVIDUAL INCOME TAX RETURN

\$315.00

| | | |
|---------------------------|----|--------|
| Total Fee | \$ | 315.00 |
| Received on Account | \$ | 0.00 |
| Amount Due | \$ | 315.00 |

CLIENT 1634

WISEMAN & BURKE, INC.
206 S. BRAND BLVD.
GLENDALE, CA 91204
(818) 247-1007

March 26, 1999

KATHLEEN M. GOLD
11054 VENTURA BLVD Apt. 203
STUDIO CITY, CA 91604

Dear Kathy,

Enclosed is your 1998 Federal Individual Income Tax Return. The original should be signed at the bottom of page two. There is a balance due of \$3,621.

Make your check payable to the "United States Treasury" and mail your Federal return with Form 1040-V payment voucher on or before April 15, 1999 to:

INTERNAL REVENUE SERVICE
P.O. BOX 60000
LOS ANGELES, CA 90060-6000

Enclosed is your 1998 California Individual Income Tax Return. The original should be signed at the bottom of page two. There is a balance due of \$119.

Mail your California return on or before April 15, 1999 and make your check payable to:

FRANCHISE TAX BOARD
P.O. BOX 942867
SACRAMENTO, CA 94267-0001

Your 1999 estimated tax payment schedule is listed below. Mail your payments to the address shown on your estimated tax payment vouchers.

| Due Date | Federal |
|----------|----------|
| 4/15/99 | \$ 866 |
| 6/15/99 | 866 |
| 9/15/99 | 866 |
| 1/18/00 | 866 |
| | ----- |
| | \$ 3,464 |

Please be sure to call if you have any questions.

Sincerely,

DAVID P. THELIN

KATHLEEN M. GOLD

| | 1998 | 1997 | DIFF |
|--|--------|--------|--------|
| INCOME | | | |
| BUSINESS INCOME | 16,313 | 17,784 | -1,471 |
| RENT, ROYALTY, PARTNERSHIP, ESTATE . . . | 0 | 346 | -346 |
| TOTAL INCOME | 16,313 | 18,130 | -1,817 |
| ADJUSTMENTS TO INCOME | | | |
| STUDENT LOAN INTEREST DEDUCTION | 494 | 0 | 494 |
| ONE-HALF OF SELF-EMPLOYMENT TAX | 1,153 | 1,281 | -128 |
| TOTAL ADJUSTMENTS | 1,647 | 1,281 | 366 |
| ADJUSTED GROSS INCOME | 14,666 | 16,849 | -2,183 |
| ITEMIZED DEDUCTIONS | | | |
| TAXES | 245 | 0 | 245 |
| CONTRIBUTIONS | 205 | 809 | -604 |
| TOTAL ITEMIZED DEDUCTIONS | 450 | 809 | -359 |
| TAX COMPUTATION | | | |
| STANDARD DEDUCTION | 4,250 | 4,150 | 100 |
| LARGER OF ITEMIZED OR STANDARD DEDUCTION | 4,250 | 4,150 | 100 |
| INCOME PRIOR TO EXEMPTION DEDUCTION . . | 10,416 | 12,699 | -2,283 |
| EXEMPTION DEDUCTION | 2,700 | 2,650 | 50 |
| TAXABLE INCOME | 7,716 | 10,049 | -2,333 |
| TAX BEFORE CREDITS | 1,159 | 1,504 | -345 |
| CREDITS | | | |
| TOTAL CREDITS | 0 | 0 | 0 |
| TAX AFTER CREDITS | 1,159 | 1,504 | -345 |
| OTHER TAXES | | | |
| SELF-EMPLOYMENT TAX | 2,305 | 2,562 | -257 |
| TOTAL TAX | 3,464 | 4,066 | -602 |
| PAYMENTS | | | |
| TOTAL PAYMENTS | 0 | 0 | 0 |
| REFUND OR AMOUNT DUE | | | |
| UNDERPAYMENT PENALTY | 157 | 12 | 145 |
| AMOUNT YOU OWE | 3,621 | 4,078 | -457 |
| TAX RATES | | | |
| MARGINAL TAX RATE | 15.0% | 15.0% | 0.0% |
| EFFECTIVE TAX RATE | 44.9% | 40.5% | 4.4% |

KATHLEEN M. GOLD

| | 1998 | 1997 | DIFF |
|--|--------|--------|--------|
| FEDERAL ADJUSTED GROSS INCOME | | | |
| FEDERAL ADJUSTED GROSS INCOME | 14,666 | 16,849 | -2,183 |
| ADJUSTED GROSS INCOME | | | |
| ADJUSTED GROSS INCOME | 14,666 | 16,849 | -2,183 |
| ITEMIZED DEDUCTIONS | | | |
| FEDERAL ITEMIZED DEDUCTIONS | 450 | 809 | -359 |
| LESS STATE, LOCAL AND FOREIGN TAXES. . . | 245 | 0 | 245 |
| CALIFORNIA ITEMIZED DEDUCTIONS | 205 | 809 | -604 |
| CALIFORNIA STANDARD DEDUCTION | 2,642 | 2,583 | 59 |
| TAX COMPUTATION | | | |
| TAXABLE INCOME | 12,024 | 14,266 | -2,242 |
| TAX | 189 | 284 | -95 |
| EXEMPTION CREDITS | 70 | 68 | 2 |
| NET TAX | 119 | 216 | -97 |
| PAYMENTS | | | |
| CALIFORNIA INCOME TAX WITHHELD | 0 | 0 | 0 |
| TOTAL PAYMENTS | 0 | 0 | 0 |
| REFUND OR AMOUNT DUE | | | |
| AMOUNT OVERPAID | 0 | 0 | 0 |
| AMOUNT YOU OWE | 119 | 216 | -97 |
| TAX RATES | | | |
| MARGINAL TAX RATE | 2.0% | 4.0% | -2.0% |
| EFFECTIVE TAX RATE | 1.0% | 1.5% | -0.5% |

KATHLEEN M. GOLD

FORMS NEEDED FOR THIS RETURN

FEDERAL: 1040, 1040-ES, 1040-V, C, SE, 2210
CALIFORNIA: 540

| | FEDERAL | CALIFORNIA |
|----------------------|---------|------------|
| MARGINAL TAX RATE | 15.0% | 2.0% |
| EFFECTIVE TAX RATE | 44.9% | 1.0% |
| UNDERPAYMENT PENALTY | 157 | |

CARRYOVERS TO 1999

| | |
|----------------------------------|-----|
| DEDUCTIBLE STATE AND LOCAL TAXES | 119 |
|----------------------------------|-----|

FEDERAL ESTIMATES

| | ESTIMATE | OVERPAYMENT | BALANCE |
|---------|----------|-------------|---------|
| 4/15/99 | 866 | | 866 |
| 6/15/99 | 866 | | 866 |
| 9/15/99 | 866 | | 866 |
| 1/18/00 | 866 | | 866 |
| | ----- | ----- | ----- |
| TOTAL | 3,464 | | 3,464 |

12/31/98

1998 FEDERAL DEPRECIATION SCHEDULE

PAGE 1

KATHLEEN M. GOLD

| NO. | DESCRIPTION | DATE ACQUIRED | DATE SOLD | COST/ BASIS | BUS. PCT. | CUR | | PRIOR | | DEC. BAL. | BASIS REDUCTN | SALVAGE VALUE | DEPR. BASIS | PRIOR DEPR. | METHOD | LIFE | RATE | CURRENT DEPR. |
|-----|-------------|------------------|--------------|----------------|--------------|-----|-------|-------|-------|-----------|------------------|------------------|----------------|----------------|--------|------|------|------------------|
| | | | | | | 179 | BONUS | 179 | BONUS | | | | | | | | | |

SCHEDULE C - DIGITAL GOLD

| | | | | | | | | | | | | | | | | | | |
|---|----------------------|---------|--|-----|--|--|--|-----|--|--|--|--|---|--|-------|----|---|---|
| 1 | ELECTRONIC EQUIPMENT | 7/11/96 | | 216 | | | | 216 | | | | | 0 | | 200DB | HY | 5 | 0 |
|---|----------------------|---------|--|-----|--|--|--|-----|--|--|--|--|---|--|-------|----|---|---|

| | | | | | | | | | | | | | | | | | | |
|-------|--|--|--|-----|--|---|--|-----|--|---|--|---|---|---|--|--|--|---|
| TOTAL | | | | 216 | | 0 | | 216 | | 0 | | 0 | 0 | 0 | | | | 0 |
|-------|--|--|--|-----|--|---|--|-----|--|---|--|---|---|---|--|--|--|---|

| | | | | | | | | | | | | | | | | | | |
|--------------------|--|--|--|-----|--|---|--|-----|--|---|--|---|---|---|--|--|--|---|
| TOTAL DEPRECIATION | | | | 216 | | 0 | | 216 | | 0 | | 0 | 0 | 0 | | | | 0 |
|--------------------|--|--|--|-----|--|---|--|-----|--|---|--|---|---|---|--|--|--|---|

| | | | | | | | | | | | | | | | | | | |
|--------------------------|--|--|--|-----|--|---|--|-----|--|---|--|---|---|---|--|--|--|---|
| GRAND TOTAL DEPRECIATION | | | | 216 | | 0 | | 216 | | 0 | | 0 | 0 | 0 | | | | 0 |
|--------------------------|--|--|--|-----|--|---|--|-----|--|---|--|---|---|---|--|--|--|---|

12/31/98

1998 CALIFORNIA DEPRECIATION SCHEDULE

PAGE 1

KATHLEEN M. GOLD

| NO. | DESCRIPTION | DATE ACQUIRED | DATE SOLD | COST/ BASIS | BUS. PCT. | CUR. 179 BONUS | PRIOR 179 BONUS | PRIOR DEC. BAL. DEPR. | BASIS REDUCTN | SALVAGE VALUE | DEPR. BASIS | PRIOR DEPR. | METHOD | LIFE | RATE | CURRENT DEPR. |
|-----|-------------|------------------|--------------|----------------|--------------|----------------------|-----------------------|-----------------------------|------------------|------------------|----------------|----------------|--------|------|------|------------------|
| | | | | | | | | | | | | | | | | |

SCHEDULE C - DIGITAL GOLD

| | | | | | | | | | | | | | | | | |
|---|--------------------------|---------|--|-----|--|---|-----|---|---|---|---|---|----------|---|--|---|
| 1 | ELECTRONIC EQUIPMENT | 7/11/96 | | 216 | | | 216 | | | | 0 | | 200DB HY | 5 | | 0 |
| | TOTAL | | | 216 | | 0 | 216 | 0 | 0 | 0 | 0 | 0 | | | | 0 |
| | TOTAL DEPRECIATION | | | 216 | | 0 | 216 | 0 | 0 | 0 | 0 | 0 | | | | 0 |
| | GRAND TOTAL DEPRECIATION | | | 216 | | 0 | 216 | 0 | 0 | 0 | 0 | 0 | | | | 0 |

Federal
Record of Estimated Tax Payment

| Payment Number | Date Due | Overpayment Applied | Balance Due | Amount Paid | Date paid | Check or money order number |
|----------------|----------|---------------------|-------------|-------------|-----------|-----------------------------|
| 1 | 4/15/99 | | 866 | | | |
| 2 | 6/15/99 | | 866 | | | |
| 3 | 9/15/99 | | 866 | | | |
| 4 | 1/18/00 | | 866 | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| Total | | | 3,464 | | | |

Name of Jurisdiction: _____

State and Local
Record of Estimated Tax Payment

| Payment Number | Date Due | Overpayment Applied | Balance Due | Amount Paid | Date paid | Check or money order number |
|----------------|----------|---------------------|-------------|-------------|-----------|-----------------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| Total | | | | | | |

1999 Estimated Tax Worksheet (keep for your records)

| | | | |
|-----|--|-----|------------------------------------|
| 1 | Enter amount of adjusted gross income you expect in 1999 (see instructions) | 1 | |
| 2 | <ul style="list-style-type: none"> If you plan to itemize deductions, enter the estimated total of your itemized deductions. Caution: If line 1 above is over \$126,600 (\$63,300 if married filing separately), your deduction may be reduced. See Pub. 505 for details. If you do not plan to itemize deductions, see Standard deduction for 1999 on page 2, and enter your standard deduction here. | 2 | |
| 3 | Subtract line 2 from line 1 | 3 | |
| 4 | Exemptions. Multiply \$2,750 by the number of personal exemptions. If you can be claimed as a dependent on another person's 1999 return, your personal exemption is not allowed. Caution: See Pub. 505 to figure the amount to enter if line 1 above is over; \$189,950 if married filing jointly or qualifying widow(er); \$158,300 if head of household; \$126,600 if single; or \$94,975 if married filing separately | 4 | 0 |
| 5 | Subtract line 4 from line 3 | 5 | |
| 6 | Tax. Figure your tax on the amount on line 5 by using the 1999 Tax Rate Schedules on page 2. DO NOT use the Tax Table or Tax Rate Schedules in 1998 Form 1040 or Form 1040A instructions. Caution: If you have a net capital gain, see Pub. 505 to figure the tax | 6 | 0 |
| 7 | Additional taxes (see instructions) | 7 | |
| 8 | Add lines 6 and 7 | 8 | |
| 9 | Credits (see instructions). Do not include any income tax withholding on this line. | 9 | |
| 10 | Subtract line 9 from line 8. Enter the result, but not less than zero | 10 | |
| 11 | Self-employment tax (see instructions). Estimate of 1999 net earnings from self-employment \$; if \$72,600 or less , multiply the amount by 15.3%; if more than \$72,600 , multiply the amount by 2.9%, add \$9,002.40 to the result, and enter the total. Caution: If you also have wages subject to social security tax, see Pub. 505 to figure the amount to enter. | 11 | |
| 12 | Other taxes (see instructions) | 12 | |
| 13a | Add lines 10 through 12 | 13a | |
| b | Earned income credit, additional child tax credit, and credit from Form 4136 | 13b | |
| c | Subtract line 13b from line 13a. Enter the result, but not less than zero. THIS IS YOUR TOTAL 1999 ESTIMATED TAX | 13c | |
| 14a | Multiply line 13c by 90% (66 2/3% for farmers and fishermen) | 14a | |
| b | Enter the tax shown on your 1998 tax return (105% of that amount if you are not a farmer or a fisherman and the adjusted gross income shown on line 34 of that return is more than \$150,000 or, if married filing separately for 1999, more than \$75,000) | 14b | 3,464 |
| c | Enter the smaller of line 14a or 14b. THIS IS YOUR REQUIRED ANNUAL PAYMENT TO AVOID A PENALTY | 14c | 3,464 |
| | Caution: Generally, if you do not prepay (through income tax withholding and estimated tax payments) at least the amount on line 14c, you may owe a penalty for not paying enough estimated tax. To avoid a penalty, make sure your estimate on line 13c is as accurate as possible. Even if you pay the required annual payment, you may still owe tax when you file your return. If you prefer, you may pay the amount shown on line 13c. For more details, see Pub. 505. | | 100/105% OF 1998 TAX ELECTED |
| 15 | Income tax withheld and estimated to be withheld during 1999 (including income tax withholding on pensions, annuities, certain deferred income, etc.) | 15 | |
| 16 | Subtract line 15 from line 14c. (Note: If zero or less, or line 13c minus line 15 is less than \$1,000, stop here. You are not required to make estimated tax payments.) | 16 | 3,464 |
| 17 | If the first payment you are required to make is due April 15, 1999, enter 1/4 of line 16 (minus any 1998 overpayment that you are applying to this installment) here and on your payment voucher(s) Note: Household employers see instructions. | 17 | 866 |

Label

(See instructions on page 18.)

Use the IRS label. Otherwise, please print or type.

For the year Jan. 1 - Dec. 31, 1998, or other tax year beginning

, 1998, ending

, 19

LABEL HERE

Your first name and initial

Last name

KATHLEEN M. GOLD

Your social security number

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 18.

Apt. no.

11054 VENTURA BLVD

203

City, town or post office, state, and ZIP code. If you have a foreign address, see page 18.

STUDIO CITY, CA 91604

IMPORTANT!
You must enter your SSN(s) above.

Presidential

Election Campaign

(See page 18.)

Do you want \$3 to go to this fund?

If a joint return, does your spouse want \$3 to go to this fund?

Yes No
X
Note: Checking "Yes" will not change your tax or reduce your refund.

Filing Status

Check only one box.

- 1 ☒ Single
- 2 ☐ Married filing joint return (even if only one had income)
- 3 ☐ Married filing separate return. Enter spouse's soc. sec. no. above & full name here ▶
- 4 ☐ Head of household (with qualifying person). (See page 18.) If the qualifying person is a child but not your dependent, enter this child's name here ▶
- 5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 18.)

Exemptions

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.b ☐ Spouse

No. of boxes checked on 6a and 6b

1

c Dependents:

(1) First Name Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) Chk if qualifying child for child tax credit (see page 19)

No. of your children on 6c who:

● lived with you

● did not live with you due to divorce or separation (see page 19)

Dependents on 6c not entered above

Add numbers entered on lines above ▶

1

d Total number of exemptions claimed

Income

Attach Copy B of your Forms W-2, W-2G, and 1099-R here.

If you did not get a W-2, see page 20.

Enclose, but do not attach any payment. Also, please use Form 1040-V.

| | | | |
|-----|--|-----|--------|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | |
| 8a | Taxable interest. Attach Schedule B if required | 8a | |
| b | Tax-exempt interest. DO NOT include on line 8a. | 8b | |
| 9 | Ordinary dividends. Attach Schedule B if required | 9 | |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes (see page 21) | 10 | |
| 11 | Alimony received | 11 | |
| 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | 16,313 |
| 13 | Capital gain or (loss). Attach Schedule D | 13 | |
| 14 | Other gains or (losses). Attach Form 4797 | 14 | |
| 15a | Total IRA distributions. | 15a | |
| b | Taxable amount (see pg. 22) | 15b | |
| 16a | Total pensions and annuities | 16a | |
| b | Taxable amount (see pg. 22) | 16b | |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | |
| 18 | Farm income or (loss). Attach Schedule F | 18 | |
| 19 | Unemployment compensation | 19 | |
| 20a | Social security benefits. | 20a | |
| b | Taxable amount (see pg. 24) | 20b | |
| 21 | Other income. | 21 | |
| 22 | Add the amounts in the far right column for lines 7 through 21. This is your total income | 22 | 16,313 |

Adjusted Gross Income

If line 33 is under \$30,095 (under \$10,030 if a child did not live with you), see EIC inst. on page 36.

| | | | |
|-----|--|-----|--------|
| 23 | IRA deduction (see page 25) | 23 | |
| 24 | Student loan interest deduction (see page 27) | 24 | 494 |
| 25 | Medical savings account deduction. Attach Form 8853. | 25 | |
| 26 | Moving expenses. Attach Form 3903 | 26 | |
| 27 | One-half of self-employment tax. Attach Schedule SE | 27 | 1,153 |
| 28 | Self-employed health insurance deduction (see page 28) | 28 | |
| 29 | Keogh and self-employed SEP and SIMPLE plans. | 29 | |
| 30 | Penalty on early withdrawal of savings | 30 | |
| 31a | Alimony paid. b Recipient's SSN ▶ | 31a | |
| 32 | Add lines 23 through 31a | 32 | 1,647 |
| 33 | Subtract line 32 from line 22. This is your adjusted gross income | 33 | 14,666 |

Tax and Credits

Standard Deduction for Most People

Single: \$4,250
Head of household: \$6,250
Married filing jointly or Qualifying widow(er): \$7,100
Married filing separately \$3,550.

| | | | |
|----|---|----|--------|
| 34 | Amount from line 33 (adjusted gross income) | 34 | 14,666 |
| 35 | a Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here. ▶ 35a | | |
| | b If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see page 29 and check here ▶ 35b <input type="checkbox"/> | | |
| 36 | Enter the larger of your itemized deductions from Schedule A, line 28, OR standard deduction shown on the left. But see page 30 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent | 36 | 4,250 |
| 37 | Subtract line 36 from line 34. | 37 | 10,416 |
| 38 | If line 34 is \$93,400 or less, multiply \$2,700 by the total number of exemptions claimed on line 6d. If line 34 is over \$93,400, see the worksheet on page 30 for the amount to enter. | 38 | 2,700 |
| 39 | Taxable income. Subtract line 38 from line 37. | 39 | 7,716 |
| 40 | Tax. See page 30. Check if any tax from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972. ▶ | 40 | 1,159 |
| 41 | Credit for child and dependent care expenses. Att. Form 2441 | 41 | |
| 42 | Credit for the elderly or the disabled. Attach Schedule R | 42 | |
| 43 | Child tax credit (see page 31) | 43 | |
| 44 | Education credits. Attach Form 8863 | 44 | |
| 45 | Adoption credit. Attach Form 8839 | 45 | |
| 46 | Foreign tax credit. Attach Form 1116 if required | 46 | |
| 47 | Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify) | 47 | |
| 48 | Add lines 41 through 47. These are your total credits | 48 | |
| 49 | Subtract line 48 from line 40. If line 48 is more than line 40, enter -0- | 49 | 1,159 |

Other Taxes

| | | | |
|----|---|----|-------|
| 50 | Self-employment tax. Att. Sch. SE | 50 | 2,305 |
| 51 | Alternative minimum tax. Attach Form 6251 | 51 | |
| 52 | Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 | 52 | |
| 53 | Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required | 53 | |
| 54 | Advance earned income credit payments from Form(s) W-2 | 54 | |
| 55 | Household employment taxes. Attach Schedule H | 55 | |
| 56 | Add lines 49 through 55. This is your total tax | 56 | 3,464 |

Payments

Attach Forms W-2, and W-2G on the front. Also attach Form 1099-R if tax was withheld.

| | | | |
|----|---|-----|---|
| 57 | Federal income tax withheld from Forms W-2 and 1099 | 57 | |
| 58 | 1998 estimated tax payments and amount applied from 1997 return | 58 | |
| 59 | a Earned income credit. Att. Sch. EIC if you have a qualifying child. b Nontaxable earned income: amt. ▶ <input type="text"/> and type ▶ NO | 59a | |
| 60 | Additional child tax credit. Attach Form 8812 | 60 | |
| 61 | Amount paid with Form 4868 (request for extension) | 61 | |
| 62 | Excess social security and RRTA tax withheld (see page 43) | 62 | |
| 63 | Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 .. | 63 | |
| 64 | Add lines 57, 58, 59a, and 60 through 63. These are your total payments | 64 | 0 |

Refund

Have it directly deposited! See page 44 and fill in 66b, 66c, and 66d.

| | | | |
|-----|--|-----|--|
| 65 | If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you OVERPAID | 65 | |
| 66a | Amount of line 65 you want REFUNDED TO YOU | 66a | |
| | b Routing number <input type="text"/> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number <input type="text"/> | | |
| 67 | Amount of line 65 you want APPLIED TO 1999 ESTIMATED TAX ▶ | 67 | |

Amount You Owe

| | | | |
|----|--|----|-------|
| 68 | If line 56 is more than line 64, subtract line 64 from line 56. This is the AMOUNT YOU OWE . For details on how to pay, see page 44 | 68 | 3,621 |
| 69 | Estimated tax penalty. Also include on line 68 | 69 | 157 |

Sign Here

Joint return? See page 18. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|--|------|---------------------------------------|---|
| ▶ Your signature | Date | Your occupation MARKETING CONSULTA | Daytime telephone number (optional) 818-343-7508 |
| ▶ Spouse's signature. If a joint return, BOTH must sign. | Date | Spouse's occupation | |

Paid Preparer's Use Only

| | | | |
|--|-------------------|---|--|
| Preparer's signature DAVID P. THELIN | Date | Check if self-employed <input type="checkbox"/> | Preparer's social security no. [REDACTED] |
| Firm's name (or yours if self-employed) and address WISEMAN & BURKE, INC. 206 S. BRAND BLVD. GLENDALE, CA | EIN [REDACTED] | ZIP code 91204 | |

Underpayment of
Estimated Tax by Individuals, Estates, and Trusts

▶ See separate instructions.

▶ Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

1998

Attachment
Sequence No. 06

Name(s) shown on tax return

KATHLEEN M. GOLD

Identifying number

Note: In most cases, you **do not** need to file Form 2210. The IRS will figure any penalty you owe and send you a bill. File Form 2210 **only** if one or more boxes in Part I apply to you. If you do not need to file Form 2210, you still may use it to figure your penalty. Enter the amount from Part III, line 21, or Part IV, line 35, on the penalty line of your return, but **do not** attach Form 2210.

Part I Reasons for Filing – If 1a, 1b, or 1c below applies to you, you may be able to lower or eliminate your penalty. But you **MUST** check the boxes that apply and file Form 2210 with your tax return. If 1d below applies to you, check that box and file Form 2210 with your tax return.

1 Check whichever boxes apply (if none apply, see the **Note** above):

- a ☐ You request a **waiver**. In certain circumstances, the IRS will waive all or part of the penalty. See **Waiver of Penalty** on page 2 of the instructions.
- b ☐ You use the **annualized income installment method**. If your income varied during the year, this method may reduce the amount of one or more required installments. See page 4 of the instructions.
- c ☐ You had Federal income tax withheld from wages and, for estimated tax purposes, you treat the withheld tax as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. See the instructions for line 23 on page 3.
- d ☐ Your required annual payment (line 14 below) is based on your 1997 tax and you filed or are filing a joint return for either 1997 or 1998 but not for both years.

Part II Required Annual Payment

| | | | |
|----|---|----|-------|
| 2 | Enter your 1998 tax after credits (see page 2 of the instructions) | 2 | 1,159 |
| 3 | Other taxes (see page 2 of the instructions) | 3 | 2,305 |
| 4 | Add lines 2 and 3 | 4 | 3,464 |
| 5 | Earned income credit | 5 | |
| 6 | Additional child tax credit | 6 | |
| 7 | Credit for Federal tax paid on fuels | 7 | |
| 8 | Add lines 5, 6, and 7 | 8 | 0 |
| 9 | Current year tax. Subtract line 8 from line 4 | 9 | 3,464 |
| 10 | Multiply line 9 by 90% (.90) | 10 | 3,118 |
| 11 | Withholding taxes. Do not include any estimated tax payments on this line (see page 2 of the instructions) | 11 | |
| 12 | Subtract line 11 from line 9. If less than \$1,000, stop here; do not complete or file this form. You do not owe the penalty | 12 | 3,464 |
| 13 | Enter the tax shown on your 1997 tax return. Caution: See page 2 of the instructions | 13 | 4,066 |
| 14 | Required annual payment. Enter the smaller of line 10 or line 13. | 14 | 3,118 |

Note: If line 11 is equal to or more than line 14, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked box 1d above.

Part III Short Method (**Caution:** See page 2 of the instructions to find out if you can use the short method. If you checked box 1b or 1c in Part I, skip this part and go to Part IV.)

| | | | | | | | | | | | | | | | | |
|-------------------|---|------------------------------------|---|------------------------------------|----|--------|--|--|--|--|--|--|----|--|--|---|
| 15 | Enter the amount, if any, from line 11 above. | 15 | | | | | | | | | | | | | | |
| 16 | Enter the total amount, if any, of estimated tax payments you made. | 16 | | | | | | | | | | | | | | |
| 17 | Add lines 15 and 16 | 17 | | | | | | | | | | | | | | |
| 18 | Total underpayment for year. Subtract line 17 from line 14. If zero or less, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked box 1d above. | 18 | | 3,118 | | | | | | | | | | | | |
| 19 | Multiply line 18 by .05043 | 19 | | 157 | | | | | | | | | | | | |
| 20 | <ul style="list-style-type: none">● If the amount on line 18 was paid on or after 4/15/99, enter -0-.● If the amount on line 18 was paid before 4/15/99, make the following computation to find the amount to enter on line 20. <table><tr><td>Amount on line 18</td><td>x</td><td>Number of days paid before 4/15/99</td><td>x</td><td>.00019</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>20</td></tr></table> | Amount on line 18 | x | Number of days paid before 4/15/99 | x | .00019 | | | | | | | 20 | | | 0 |
| Amount on line 18 | x | Number of days paid before 4/15/99 | x | .00019 | | | | | | | | | | | | |
| | | | | | 20 | | | | | | | | | | | |
| 21 | PENALTY. Subtract line 20 from line 19. Enter the result here and on Form 1040, line 69; Form 1040A, line 44; Form 1040NR, line 68; Form 1040NR-EZ, line 27; or Form 1041, line 26. | 21 | | 157 | | | | | | | | | | | | |

For Paperwork Reduction Act Notice, see page 1 of separate instructions.

Form 2210 (1998)

SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

Department of the Treasury
Internal Revenue Service (99)

► Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.
► Attach to Form 1040 or Form 1041. ► See Instructions for Schedule C (Form 1040).

1998

Attachment
Sequence No. **09**

Name of proprietor

KATHLEEN M. GOLD

Social security number (SSN)

A Principal business or profession, including product or service (see page C-1)

COMPUTER CONSULTING

B Enter NEW code from pages C-8 & 9

► 541600

C Business name. If no separate business name, leave blank.

DIGITAL GOLD

D Employer ID number (EIN), if any

E Business address (including suite or room no.) ►

City, town or post office, state, and ZIP code

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

G Did you "materially participate" in the operation of this business during 1998? If "No," see page C-2 for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 1998, check here ☐

Part I Income

| | | |
|--|----------|--------|
| 1 Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here <input type="checkbox"/> | 1 | 39,330 |
| 2 Returns and allowances. | 2 | 2,549 |
| 3 Subtract line 2 from line 1 | 3 | 36,781 |
| 4 Cost of goods sold (from line 42 on page 2) | 4 | 8,231 |
| 5 Gross profit. Subtract line 4 from line 3. | 5 | 28,550 |
| 6 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3) | 6 | |
| 7 Gross income. Add lines 5 and 6. | 7 | 28,550 |

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

| | | | | | |
|---|------------|-----|--|------------|--------|
| 8 Advertising. | 8 | 27 | 19 Pension and profit-sharing plans | 19 | |
| 9 Bad debts from sales or services (see page C-3) | 9 | | 20 Rent or lease (see page C-5): | | |
| 10 Car and truck expenses (see page C-3) | 10 | 375 | a Vehicles, machinery & equipment. | 20a | 185 |
| 11 Commissions and fees. | 11 | 115 | b Other business property. | 20b | 4,323 |
| 12 Depletion | 12 | | 21 Repairs and maintenance. | 21 | 15 |
| 13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-4) | 13 | | 22 Supplies (not included in Part III) | 22 | 296 |
| 14 Employee benefit programs (other than on line 19) | 14 | | 23 Taxes and licenses. | 23 | 145 |
| 15 Insurance (other than health) | 15 | 459 | 24 Travel, meals, and entertainment: | | |
| 16 Interest: | | | a Travel | 24a | |
| a Mortgage (paid to banks, etc.) | 16a | | b Meals and entertainment | | 85 |
| b Other | 16b | | c Enter 50% of line 24b subject to limitations (see page C-5) | | 43 |
| 17 Legal and professional services | 17 | | d Subtract line 24c from line 24b. | 24d | 42 |
| 18 Office expense. | 18 | 82 | 25 Utilities | 25 | 386 |
| 28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns. | 28 | | 26 Wages (less employment credits) | 26 | |
| 29 Tentative profit (loss). Subtract line 28 from line 7. | 29 | | 27 Other expenses (from line 48 on page 2) | 27 | 5,787 |
| 30 Expenses for business use of your home. Attach Form 8829 . | 30 | | 28 | 28 | 12,237 |
| 31 Net profit or (loss). Subtract line 30 from line 29. | | | 29 | 29 | 16,313 |
| • If a profit, enter on Form 1040, line 12 , and ALSO on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3 . | | | 30 | | |
| • If a loss, you MUST go on to line 32. | | | 31 | 31 | 16,313 |

32 If you have a loss, check the box that describes your investment in this activity (see page C-6).

 • If you checked 32a, enter the loss on **Form 1040, line 12**, and ALSO on **Schedule SE, line 2** (statutory employees, see page C-6). Estates and trusts, enter on **Form 1041, line 3**.

 • If you checked 32b, you **MUST** attach **Form 6198**.

32a ☐ All investment is at risk.
 32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule C (Form 1040) 1998

Part III Cost of Goods Sold (see page C-7)

| | | | | |
|----|---|---------------------------------|--|---|
| 33 | Method(s) used to value closing inventory: | a <input type="checkbox"/> Cost | b <input type="checkbox"/> Lower of cost or market | c <input type="checkbox"/> Other (attach explanation) |
| 34 | Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation | | | |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 35 | Inventory at beginning of year. If different from last year's closing inventory, attach explanation | 35 | | |
| 36 | Purchases less cost of items withdrawn for personal use | 36 | | |
| 37 | Cost of labor. Do not include any amounts paid to yourself. | 37 | | 8,231 |
| 38 | Materials and supplies. | 38 | | |
| 39 | Other costs | 39 | | |
| 40 | Add lines 35 through 39 | 40 | | 8,231 |
| 41 | Inventory at end of year. | 41 | | |
| 42 | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4. | 42 | | 8,231 |

Part IV Information on Your Vehicle. Complete this part **ONLY** if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-4 to find out if you must file.

43 When did you place your vehicle in service for business purposes? (month, day, year) 4/01/96

44 Of the total number of miles you drove your vehicle during 1998, enter the number of miles you used your vehicle for:

a Business 1,153 b Commuting _____ c Other 11,303

45 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☒ No

46 Was your vehicle available for use during off-duty hours? ☒ Yes ☐ No

47a Do you have evidence to support your deduction? ☒ Yes ☐ No

b If "Yes," is the evidence written? ☒ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

| | |
|--|----------|
| BANK CHARGES | 561 |
| DELIVERY | 18 |
| DUES AND SUBSCRIPTIONS | 42 |
| EDUCATION | 11 |
| PAGING SERVICE | 368 |
| POSTAGE | 41 |
| RESEARCH | 507 |
| TELEPHONE | 3,484 |
| WEBSITE EXPENSE | 755 |
| 48 Total other expenses. Enter here and on page 1, line 27. | 48 5,787 |

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

► See Instructions for Schedule SE (Form 1040).
► Attach to Form 1040.

1998

Attachment
Sequence No. 17

Name of person with self-employment income (as shown on Form 1040)

KATHLEEN M. GOLD

Social security number of person
with self-employment income . . . ►

Who Must File Schedule SE

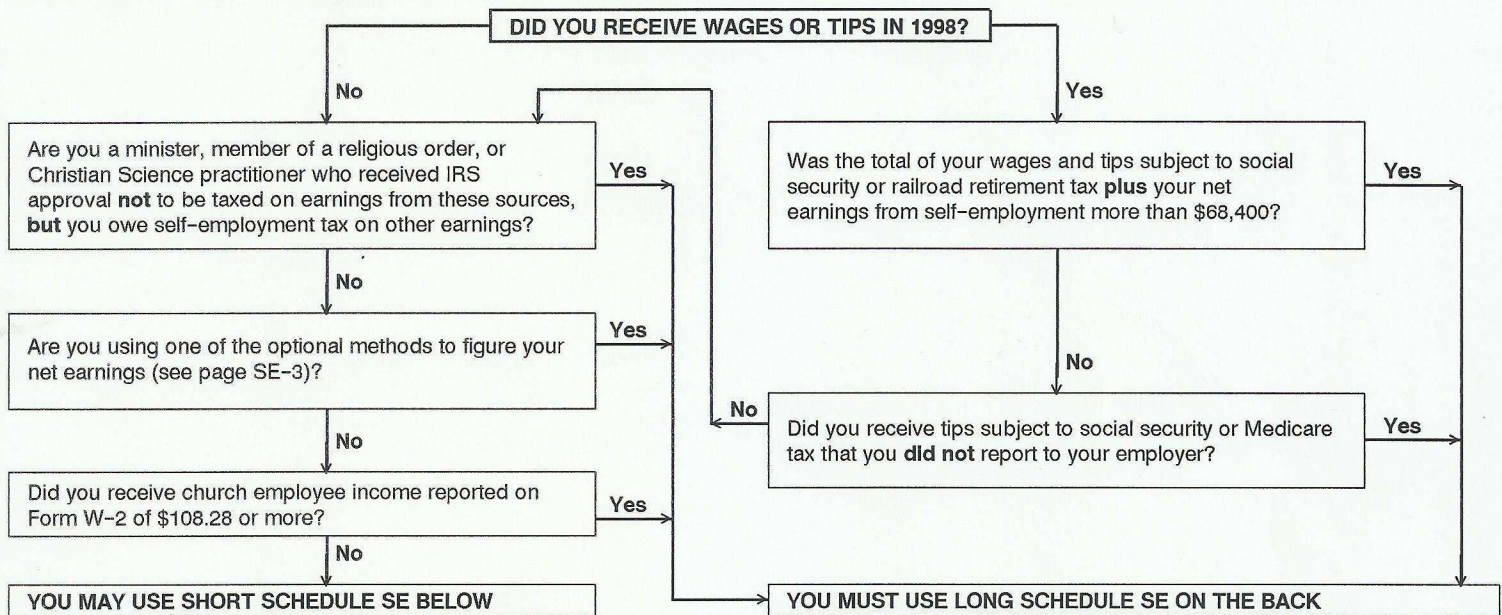
You must file Schedule SE if:

- You had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, **OR**
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order **is not** church employee income. See page SE-1.

Note: Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE. See page SE-3.

Exception: If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner, **and** you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 50.

May I Use Short Schedule SE or MUST I Use Long Schedule SE?



Section A – Short Schedule SE. **Caution:** Read above to see if you can use Short Schedule SE.

| | | | | |
|---|---|---|--------|--|
| 1 | Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a | 1 | | |
| 2 | Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report | 2 | 16,313 | |
| 3 | Combine lines 1 and 2. | 3 | 16,313 | |
| 4 | Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax. ► | 4 | 15,065 | |
| 5 | Self-employment tax. If the amount on line 4 is: • \$68,400 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 50. • More than \$68,400, multiply line 4 by 2.9% (.029). Then, add \$8,481.60 to the result. Enter the total here and on Form 1040, line 50. } | 5 | 2,305 | |
| 6 | Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27. | 6 | 1,153 | |

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule SE (Form 1040) 1998

KATHLEEN M. GOLD

**BUSINESS INCOME (SCHEDULE C)
GROSS RECEIPTS OR SALES**

| | | |
|-------------------------------------|----|---------------|
| KAISER FOUNDATION | \$ | 700 |
| MIKE CLINE | | 1,850 |
| CENTROPOLIS INTERACTIVE | | 800 |
| PACIFIC MORTGAGE REDUCTION CO. | | 750 |
| UPTRENDS MANAGEMENT | | 800 |
| LAS VEGAS SUN, INC. | | 897 |
| NON-1099 INCOME | | 33,533 |
| TOTAL | \$ | <u>39,330</u> |

KATHLEEN M. GOLD

VEHICLE EXPENSES - SCHEDULE C
COMPUTER CONSULTING

VEHICLE 1

| | |
|---|---------|
| 1. DATE PLACED IN SERVICE | 4/01/96 |
| 2. TOTAL MILEAGE | 12,456 |
| 3. BUSINESS MILEAGE | 1,153 |
| 4. BUSINESS USE (DIVIDE LINE 3 BY LINE 2) | 0.0926 |

STANDARD MILEAGE RATE

| | |
|---|-----|
| 5. MULTIPLY LINE 3 BY 32.5 CENTS (.325) | 375 |
|---|-----|

ACTUAL EXPENSES

| | |
|---|---|
| 6. GASOLINE, LUBE AND OIL | |
| 7. REPAIRS | |
| 8. TIRES | |
| 9. INSURANCE | |
| 10. MISCELLANEOUS | |
| 11. AUTO LICENSE (EXCEPT PERS. PROP. TAXES) | |
| 12. VALUE OF EMPLOYER-PROVIDED VEHICLE | |
| 13. VEHICLE RENT OR LEASE (LESS INCLUSION) | |
| 14. ADD LINES 6 THROUGH 13 | 0 |
| 15. MULTIPLY LINE 14 BY LINE 4 | |
| 16. DEPRECIATION AND SECTION 179 DEDUCTION | |
| 17. ADD LINES 15 AND 16 | 0 |

TOTAL VEHICLE EXPENSES

| | |
|-----------------------------|-----|
| 18. ENTER LINE 5 OR LINE 17 | 375 |
| 19. PARKING FEES AND TOLLS | |
| 20. ADD LINES 18 AND 19 | 375 |

VEHICLE EXPENSE ALLOCATION

| | |
|---|-----|
| 21. CAR AND TRUCK EXPENSES | 375 |
| 22. DEPRECIATION | |
| 23. VEHICLE RENT OR LEASE PAYMENTS | |
| 24. ADD LINES 21, 22, AND 23 | 375 |
| 25. INTEREST EXPENSE (BUSINESS PORTION) | |
| 26. TAXES AND LICENSES (BUSINESS PORTION) | |
| 27. PERSONAL PROPERTY TAXES (SCHEDULE A) | |

California Resident
Income Tax Return 1998

540

APE

FEDERAL RETURN ATTACHMENT REQUIRED:

☒ YES ☐ NO

DO NOT
ATTACH
LABEL

KATHLEEN

GOLD
M GOLD

98

Do Not Write
In These Spaces

P

AC

A

R

RP

Step 1

Name
and
Address

11054 VENTURA BL APT 203
STUDIO CITY CA 91604

FOR COMPUTERIZED USE ONLY

| | | | | | | | |
|----|-------|----|-----|----|-----|------------|---|
| 01 | 1 | 30 | 0 | 49 | 0 | APE | 0 |
| 06 | 0 | 31 | 0 | 50 | 0 | 3800 | 0 |
| 09 | 0 | 35 | 0 | 51 | 0 | 3803 | 0 |
| 11 | 0 | 36 | 0 | 52 | 0 | CATMT | 0 |
| 12 | 0 | 37 | 119 | 53 | 0 | SCHG1 | 0 |
| 14 | 0 | 38 | 0 | 54 | 0 | 5870A | 0 |
| 16 | 0 | 39 | 0 | 55 | 0 | 5805 5805F | 0 |
| 17 | 14666 | 41 | 0 | 56 | 0 | 954077421 | |
| 18 | 2642 | 43 | 0 | 57 | 0 | | |
| 20 | 189 | 44 | 0 | 58 | 0 | | |
| 21 | 70 | 45 | 0 | 59 | 0 | | |
| 23 | 0 | 46 | 119 | 60 | 0 | | |
| 28 | 0 | 47 | 0 | 61 | 119 | | |
| 29 | 0 | 48 | 0 | 63 | 0 | | |

Step 2

Filing Status

Check only one.

- 1 ☒ Single
2 ☐ Married filing joint return (even if only one spouse had income)
3 ☐ Married filing separate return.
Enter spouse's social security number above and full name here.
4 ☐ Head of household (with qualifying person) STOP. See instructions.
5 ☐ Qualifying widow(er) with dependent child. Enter year spouse died 19

Step 3

Exemptions

Attach check
or money order
here.

- 6 If someone can claim you (or your spouse, if married) as a dependent on their tax return, check the box here. 6 ☐
7 Personal: If you checked box 1, 3 or 4 above, enter 1. If you checked box 2 or 5, enter 2.
If you checked the box on line 6, see instructions. 7
8 Blind: If you (or if married, your spouse) are visually impaired, enter 1. If both are visually impaired, enter 2 8
9 Senior: If you (or if married, your spouse) are 65 or older, enter 1. If both are 65 or older, enter 2. 9
10 Add line 7 through line 9. These are your total exemptions. 10
11 Dependents: Enter name and relationship. Do not include yourself or your spouse.
Enter total number of dependents 11

Step 4

Taxable
Income

Att. copy of your
Form(s) W-2,
W-2G and
1099-R here.

- | | | | |
|----|---|----|-------------------------------------|
| 12 | State wages from your Form(s) W-2, box 17 | 12 | <input type="text" value="14,666"/> |
| 13 | Enter fed AGI from Form 1040, In 33; Form 1040A, In 18; Form 1040EZ, In 4; or TeleFile Tax Record, In H | 13 | 14,666 |
| 14 | California adjustments - subtractions. Enter the amount from Schedule CA (540), line 33, column B | 14 | |
| 15 | Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions | 15 | 14,666 |
| 16 | California adjustments - additions. Enter the amount from Schedule CA (540), line 33, column C | 16 | |
| 17 | California adjusted gross income. Combine line 15 and line 16. | 17 | 14,666 |
| 18 | Enter your CA standard deduction OR your CA itemized deductions. | 18 | 2,642 |
| 19 | Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0- | 19 | 12,024 |
| 20 | Tax. Check if from <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 or <input type="checkbox"/> FTB 3803. | 20 | 189 |
| 21 | Exemption credits. Check if from: <input checked="" type="checkbox"/> Flowchart <input type="checkbox"/> Federal AGI limit or <input type="checkbox"/> CA TMT limit. | 21 | 70 |
| 22 | Subtract line 21 from line 20. If less than zero, enter -0- | 22 | 119 |
| 23 | Tax. Check if from <input type="checkbox"/> Schedule G-1 and <input type="checkbox"/> form FTB 5870A | 23 | |
| 24 | Add line 22 and line 23. Continue to Side 2 | 24 | 119 |

Step 5

Tax

| | | | | |
|---|----|--|------|-----|
| Step 6 | 25 | Amount from Side 1, line 24 | 25 | 119 |
| Special Credits and Non-refundable Renter's Credit | 28 | Credit name _____ code no. ▶ 28 | | |
| | 29 | Credit name _____ code no. ▶ 29 | | |
| | 30 | To claim more than two credits, see instructions | ● 30 | |
| | 31 | Nonrefundable renter's credit. See instructions for "Step 6" | ● 31 | |
| | 33 | Add line 28 through line 31. These are your total credits | 33 | |
| | 34 | Subtract line 33 from line 25. If less than zero, enter -0- | 34 | 119 |

| | | | | |
|--------------------|----|---|------|-----|
| Step 7 | 35 | Alternative minimum tax. Attach Schedule P (540) | ● 35 | |
| Other Taxes | 36 | Other taxes and credit recapture. See instructions | ● 36 | |
| | 37 | Add line 34 through line 36. This is your total tax | ● 37 | 119 |

| | | | | |
|-----------------|----|---|------|--|
| Step 8 | 38 | CA income tax withheld. Enter total from your 1998 Form(s) W-2, W-2G, 1099-MISC and 1099-R. Also, attach form(s) to Side 1 | ■ 38 | |
| Payments | 39 | 1998 California estimated tax and amount applied from your 1997 return. Include the amount from form FTB 3519 or Schedule K-1 (541) | ■ 39 | |
| | 41 | Did either you/your spouse rec. more than \$31,767 in wages in 1998? Yes. See instructions. No. Go to line 42 | ■ 41 | |
| | 42 | Add line 38 through line 41. These are your total payments | 42 | |

| | | | | |
|--------------------------------|----|--|------|-----|
| Step 9 | 43 | Overpaid tax. If line 42 is more than line 37, subtract line 37 from line 42 | 43 | |
| Overpaid Tax or Tax Due | 44 | Amount of line 43 you want applied to your 1999 estimated tax | ■ 44 | |
| | 45 | Overpaid tax available this year. Subtract line 44 from line 43 | ■ 45 | |
| | 46 | Tax due. If line 42 is less than line 37, subtract line 42 from line 37 | 46 | 119 |

| | | | | |
|----------------------|----|---|------|----|
| Step 10 | 47 | Contribution to California Seniors Special Fund. See instructions | ● 47 | |
| Contributions | | You may make a contribution of \$1 or more to: | | |
| | 48 | Alzheimer's Disease/Related Disorders Fund | ● 48 | 00 |
| | 49 | California Fund for Senior Citizens | ● 49 | 00 |
| | 50 | Rare and Endangered Species Preservation Program | ● 50 | 00 |
| | 51 | State Children's Trust Fund for the Prevention of Child Abuse | ● 51 | 00 |
| | 52 | California Breast Cancer Research Fund | ● 52 | 00 |
| | 53 | California Firefighters' Memorial Fund | ● 53 | 00 |
| | 54 | California Public School Library Protection Fund | ● 54 | 00 |
| | 55 | D.A.R.E. California (Drug Abuse Resistance Education) Fund | ● 55 | 00 |
| | 56 | California Military Museum Fund | ● 56 | 00 |
| | 57 | California Mexican American Veterans' Fund | ● 57 | 00 |
| | 58 | Emergency Food Assistance Program Fund | ● 58 | 00 |
| | 59 | Add line 47 through line 58. These are your total contributions | ● 59 | 0 |

| | | | | |
|---------------------------------|----|---|------|-----|
| Step 11 | 60 | REFUND OR NO AMOUNT DUE. Subtract line 59 from line 45. Mail your return to: IMAGE PROCESSING, FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009 | ■ 60 | 0 |
| Refund or Amount You Owe | 61 | AMOUNT YOU OWE. Add line 46 and line 59. Make a check/money order payable to "Franchise Tax Board" for the full amount. Write your social security number and "1998 Form 540" on it. Attach it to the front of your Form 540 and mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001. | ■ 61 | 119 |

| | | | | |
|-------------------------------|----|--|------|---|
| Step 12 | 62 | Interest, late return penalties and late payment penalties | 62 | |
| Interest and Penalties | 63 | Underpayment of estimated tax. If form FTB 5805 or 5805F is attached, check here | □ 63 | |
| | | | ● 64 | 4 |

| | | | | |
|---|--|--|------|--------------------------|
| Sign Here | IMPORTANT: See "Sign Your Return" in the Form 540 instructions to find out if you should attach a copy of your complete federal return. | | | |
| | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. | | | |
| It is unlawful to forge a spouse's signature. | Your signature | Spouse's signature (if filing joint, both must sign) | Date | Daytime phone number |
| | X | X | | 818-343-7508 |
| | Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) | | | Paid preparer's SSN/EFIN |
| | DAVID P. THELIN | | | |
| | Firm's name (or yours if self-employed) | Firm's address | | |
| | WISEMAN & BURKE, INC. | 206 S. BRAND BLVD. GLENDALE, CA 91204 | | |